

REZONING APPLICATION

Date: _____

Hearing Date: _____

Fee: _____ \$55.00

This application must be filled out and filed at least **20** days prior and no more than **40** days prior to be eligible for consideration at the meeting.

PLANS, DRAWING, ETC. SUBMITTED

Name of Applicant: _____

Address of Applicant: _____

Telephone # Home: _____ Work: _____

Name of Property Owner: _____

Legal Address of Property to be re-zoned: _____

Present Zoning: _____ Proposed Zoning: _____

Present Use: _____

Reason for requesting re-zoning: _____

Include with application available pictures, drawings, signage, setback requests, water and sewage availability and a sketch of any construction to be done.

Hearing on this matter will be held _____ in City Hall. Certified letters are to be mailed to all adjoining property owners (includes: owners of real estate at corners, across streets, alleys or easements, as well as others who may share a common boundary) at least **20** days prior to hearing. Green receipts must be presented to the Building Inspectors office prior to the hearing or to the secretary attending the meeting. Receipts are **IMPORTANT** or your application will not be heard.

(Date)

(Signature of Applicant)

If more space is needed for information, use back of application.

Hearing on this matter will be held on _____ at 6:30 p.m. in City Hall, 101 W. Main Street. As a property owner (includes: owners of real estate at corners, across streets, alleys or easements, as well as others who may share a common boundary) in the vicinity, you are given notice so that you may be aware of your opportunity to attend this hearing and to ask any questions or voice any objections you may have. Contact the Building Inspector's office at (812) 265-8324 for any additional information you may need.

MADISON CITY PLAN COMMISSION

(This application may be used to send to adjoining property owners)